

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		15	829-01
FORMALITY REVIEW		535	09-19-01
RESPONSE FORMALITY REVIEW	<i>CHP</i>	1029	11-09-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	8/14/01
2	✓
3	✓
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5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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